Substitute for form 1449/PTO		Complete if Known				
				Application Number	10/769,574	
11	VFORMATION	ORMATION DISCLOSURE Filing Date		Filing Date	January 29, 2004	
S	STATEMENT BY APPLICANT			First Named Inventor	Berner et al.	
				Art Unit	1616	
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				Examiner Name	Holt, Andnae M.	
Sheet	1	of	1	Attorney Docket Number	66631-8001.US01	

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (# known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Signature	Connidered	1 1177307201111 1
	Considered	

^{*}EXAMINER. Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /A.H./

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.